

International Student Health Insurance Waiver Form

Revised March 2006

De Anza College' health insurance plan is **MANDATORY**. However, as a courtesy to students whose spouse, domestic partner (please see definition of domestic partner at: www.ss.ca.gov/dpregistry/), or parent is a U.S. citizen or permanent resident (green card) of the U.S., or holds an H or L visa (H & L are working visas), ISP will waive the health insurance fee given that the following documentation is provided:

- Proof of spouse/parent U.S citizenship or residency (U.S. passport/Green Card) OR proof of H or L visa AND,**
- Proof of marriage certificate(spouse) or Proof of birth certificate(parent) or certificate of domestic partnership*(see below for definition of domestic partner) AND,**
- A copy of the insurance card (front and back) AND,**
- A receipt showing payment of premium AND,**
- Proof that student's name is on the same insurance plan as spouse/parent**

**Domestic Partnership as defied by the State of California: 'If you are in a committed lesbian or gay relationship in California, you can register as domestic partners. If you are in a committed opposite-sex relationship where one partner is 62 years or older, you have the opportunity to register as domestic partners. (for more information, check the website at www.ss.ca.gov/dpregistry/)*

No application will be considered without backup attachments OR after the second Friday of each quarter.

Student Name: _____
(last name) (first name)

ID or Social Security #: _____

Birthdate: _____ Email Address: _____

Local Address: _____

Local Phone #: _____ Home Country #: _____

Insurance Company Name: _____

Insurance Company Address: _____

Policy/Group Number: _____

Beginning Date of Coverage: _____

End Date of Coverage: _____

By signing this application, I certify and understand the following:

1. I certify that all information provided as part of this application is complete and accurate.
2. I understand this application must be completed on a **quarterly basis**.
3. I understand that if my insurance coverage for which my waiver approval is granted terminates for any reason, it is my responsibility to notify the International Student Programs office at De Anza.
4. I understand that upon receiving waiver approval, I am solely responsible for all costs related to the purchase of non-De Anza insurance and any medical expenses not covered by the policy I selected.

Signature: _____ Date: _____

Waiver of Mandatory Insurance

Most insurance purchased by F-1 students in their home countries are "travel and accident insurance." This type of insurance includes some medical benefits, but does not adequately cover the very high cost of medical care in the United States. Henceforth, they do not meet the minimum coverage as determined by NAFSA: Association of International Educators and **do not meet** our waiver requirements.

Students may request an exemption or waiver from purchasing the Scholastic Insurance Services, Inc. health plan **ONLY** by meeting the waiver requirements.

IMPORTANT:

If for any reason, you submit the Waiver Form after the second Friday of the beginning of a quarter and your name has already been submitted to the Scholastic Insurance Services, NO REFUND of the health insurance premium will be granted regardless of the approval of your waiver form.

For Office use Only

Date Application Rec'd _____

Approved

Qtrs. Approved for: _____

Denied

Reason: _____

Student notified on: _____